Fronditha Anesi Aged Care Services - Thornbury

Performance Report

335 Station Street
THORNBURY VIC 3071
Phone number: 03 9495 2300

**Commission ID:** 4535

**Provider name:** Fronditha Care

**Assessment Contact - Site date:** 22 April 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Site report received on 10 May 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

An overall rating for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team provided evidence the service was unable to demonstrate safe and effective clinical care as sampled consumer care files did not consistently demonstrate clinical review and evaluation of wound and pain management. The Assessment Team also noted the service did not have policies and procedures to guide staff on best practice wound and pain management..

Management advised that clinical staff approximate wound size and record those approximations. Management also stated additional training and support would be provided to staff.

In their response to the Assessment Team report, the provider advises they have implemented changes to their Plan For Continuous Improvement, actions taken include:

* Reviewing their best practice guidelines and updating their wound and pain management policies and procedures.
* Enhancing internal audit systems to monitor and better identify improvements to care and service delivery.
* Placing greater focus on pain management and wound care in weekly clinical meetings.

The provider’s response included copies of the service’s wound and pain management policies which articulate procedures for managing these clinical care needs. In relation to pain management, the provider’s response highlighted that one of the sampled consumers did not complain of experiencing pain and was satisfied with the pain management they receive.

On consideration of all the available evidence, I am persuaded by the provider’s response that gaps in the documentation of care noted by the Assessment Team has not translated into deficits in the safety and effectiveness of the care delivered to consumers.

Thus, on balance, I have formed the view the service complies with this requirement.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumer representatives interviewed expressed mixed feedback regarding managing risks to consumers. The Assessment Team provided evidence the service may not consistently complete neurological assessments for consumers who have experienced unwitnessed falls. Additionally, there was no documentation or monitoring process for a consumer requiring stoma care and bag change.

While the Assessment Team identified gaps in documentation, after considering the provider’s response, I find there is insufficient evidence to indicate this has resulted in poor care delivery. Thus, on balance, I have formed the view the service complies with this requirement.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

An overall rating for this Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found this requirement not met as the service did not demonstrate the workforce is planned to enable the delivery of safe and quality care. Most consumers and representatives interviewed said staff are busy and not as available as they were previously. Some consumers said they wait long periods for staff assistance when they activate their call bells.

Care staff interviewed identified some areas where they would appreciate more time, however overall feedback did not indicate care and services were not being delivered.

In their response to the Assessment Team report, the provider outlined a recent roster review had taken place after a period of consultation with key stakeholders including staff, consumers and representatives. The provider advised rosters are carefully planned to ensure high levels of care, roster changes are constantly reviewed to ensure care needs are met, and that average call bell responses fall within the service’s benchmark.

On consideration of all the available evidence, I have placed weight on the feedback from consumers, representatives and staff. However, I have also taken into account call bell response times and the service’s compliance with requirements 3a and 3b demonstrates consumers continue to receive the care and services in line with their assessed needs.

Thus, on balance, I have formed the view the service complies with this requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.